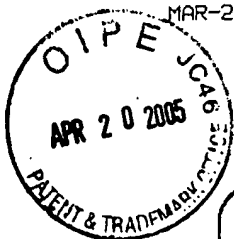


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PTO/SB/81 (11-04)

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Application Number	10/669,406
Filing Date	September 25, 2003
First Named Inventor	Gayle Rosenberg
Title	Expandable Drawer Organizer
Art Unit	3727
Examiner Name	Stephen J. Castellano
Attorney Docket Number	

I hereby revoke all previous powers of attorney given in the above-identified application.

I hereby appoint:

☐ Practitioners associated with the Customer Number:

OR

☒ Practitioner(s) named below:

Name	Registration Number
ARNOLD D. LITT, ESQ.	26296

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Please recognize or change the correspondence address for the above-identified application to:

☐ The address associated with the above-mentioned Customer Number:

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Firm or Individual Name	Arnold D. Litt, Esq. Herten, Burstein, Sheridan, Cevalasco, Bottinelli,			
Address	Litt, Toskos & Harz, LLC 25 Main Street			
City	Hackensack	State	New Jersey	Zip 07601
Country	USA			
Telephone	201-342-6000	Fax	201-342-6611	

I am the:

☒ Applicant/Inventor.☐ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/86)

SIGNATURE of Applicant or Assignee of Record

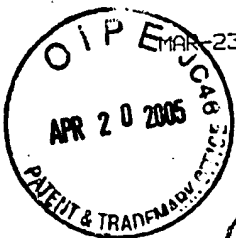
Signature	<i>Gayle Rosenberg</i>	Date	3/23/05
Name	GAYLE ROSENBERG	Telephone	
Title and Company			

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

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INDICATION FORM**

Application Number	10/669,406
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First Named Inventor	Gayle Rosenberg
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☐ The address associated with Customer Number:

OR

Firm or Individual Name	Arnold D. Litt, Esq. Herten, Burstein, Sheridan, Cevasco, Bottinelli, Litt, Toskos & Harz, LLC				
Address	25 Main Street				
City	Hackensack	State	New Jersey	Zip	07601
Country	USA				
Telephone	201-342-6000	Fax	201-342-6611		

I am the:

☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.

Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/80)

SIGNATURE of Applicant or Assignee of Record

Signature	Date		5-24-05
Name	Telephone		
Title and Company			

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

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